

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10,801,493

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	82	
	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	84 minus 20 =	64
INDEPENDENT CLAIMS	13 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		X

the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	BASIC FEE	770.00
XS 9=		XS18=	1152
X43=		X86=	—
+145=	1	+290=	290
TOTAL		TOTAL	212

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	84	Minus	84	0
Independent	3	Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	0
X43=		X86=	0
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	Minus	84	=
Independent	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	0
X43=		X86=	0
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	0

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	44	Minus	84	10
Independent	1	Minus	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

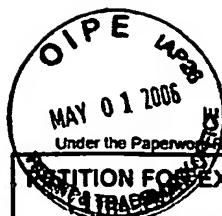
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
XS 9=		XS18=	500
X43=		X86=	
+145=		+290=	360
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



PTO/SB/22 (12-04)
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REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 29915/00281EUS																									
Application Number 10/801,493-Conf. #2136		Filed	March 16, 2004																								
For SUBSTRATES AND ASSAYS FOR BETA- SECRETASE ACTIVITY																											
Art Unit 1639		Examiner J. Lundgren																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;"></th> <th style="text-align: center; padding: 2px;"><u>Fee</u></th> <th style="text-align: center; padding: 2px;"><u>Small Entity Fee</u></th> <th style="text-align: center; padding: 2px;">\$</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center; padding: 2px;">\$120</td> <td style="text-align: center; padding: 2px;">\$60</td> <td style="text-align: center; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center; padding: 2px;">\$450</td> <td style="text-align: center; padding: 2px;">\$225</td> <td style="text-align: center; padding: 2px;">\$ 450.00</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center; padding: 2px;">\$1020</td> <td style="text-align: center; padding: 2px;">\$510</td> <td style="text-align: center; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center; padding: 2px;">\$1590</td> <td style="text-align: center; padding: 2px;">\$795</td> <td style="text-align: center; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center; padding: 2px;">\$2160</td> <td style="text-align: center; padding: 2px;">\$1080</td> <td style="text-align: center; padding: 2px;">\$</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u>. I have enclosed a duplicate copy of this sheet. </p>					<u>Fee</u>	<u>Small Entity Fee</u>	\$	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$																								
<p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number if acting under 37 CFR 1.34 _____ <u>Sharon M. Sintich</u> Signature <u>Sharon M. Sintich</u> Typed or printed name </p> <p style="text-align: right; margin-top: 10px;"> <u>48,484</u> <u>April 26, 2006</u> <u>Date</u> <u>(312) 474-6300</u> <u>Telephone Number</u> </p>																											
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																											

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: April 26, 2006	Signature: <u>Sharon M. Sintich</u>

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 1203-360
 1202-0100-500

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